

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3						
4		1				
5	1					
6	1					
7		2				
8	1					
9						
10		2				
11		2				
12		2				
13	1					
14						
15	1					
16						
17	1					
18		2				
19		2				
20			1			
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50						
Total Indep	10		10			
Total Depend	15		7			
Total Claims	25		17			

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						